**CLIENTS ADVICE RECORD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME OF CLIENT:               DATE OF INTERACTION:** | | |  | |
| **WAS A COMPREHENSIVE NEEDS ANALYSIS DONE?** | | | **YES** | **NO** |
| **WAS A RISK ANALYSIS COMPLETED?** | | | **YES** | **NO** |
| **DIFFERENT FINANCIAL PRODUCTS CONSIDERD:** | **QUOTES SEEN** | | **YES** | **NO** |
|  | | | | |
|  | | | | |
|  | | | | |
| **NEEDS/ITEMS THAT WERE CONSIDERD AND ACTIONS TO TAKE:** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **SUGGESTED PRODUCTS/ FUTURE PLANS AND PRIORITIES** | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
|  | | | | |
| **A STATUTORY NOTICE AND DISCLOSURE LETTER WAS PRESENTED** | | **YES** | | **NO** |

**THE ADVICE IS BASED ON CORRECT INFORMATION PROVIDED BY THE CLIENT OR THE THIRD PARTY.**  
I THE UNDERSIGNED NOTE THAT IF I CANCEL OR SURRENDER MY POLICY; I WILL MANAGE AND AMEND MY OWN PERSONAL PORTFOLIO.

**REPRESENTATIVE SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLIENT’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**